

Child Welfare Mental Health Early Identification & Intervention Stakeholders' Meeting

November 16, 2007



Agenda

- **Welcome & Introductions**
- **Context of Child Welfare Mental Health Initiative**
- **Early Identification & Intervention Reports**
 - * **Current Level of Implementation**
 - * **IU Evaluation – Jan 1, 2005 – Dec 30, 2006**
- **Discussion – Significance/ Implications?**
- **Next Steps?**
- **National, State & Local News**

MH of Children in Child Welfare

- **Children in the child welfare system are at higher risk for mental health and addiction issues.**
- **More than 80% of children in foster care have developmental, emotional, or behavioral problems (CWLA, 2004).**
- **50% of the children in the child welfare system (Burns et al., 2004) have behavioral health needs**
- **According to the U.S. Department of Health and Human Services, 75%-80% of the children who need mental health services do not receive them (CWLA, 2004).**

Cross System Team

2003 - 2007

- Focus on practical solution to Indiana's need to better identify and address the behavioral health needs of children and youth in the child welfare system
- Demonstrate that collaboration across public systems is an effective strategy.

PARTNERS

- ❖ Governor's Office
- ❖ Indiana Federation of Families
- ❖ State Budget Agency
- ❖ Family and Social Service Administration
 - Division of Mental Health and Addiction
 - Office of Medicaid Policy and Planning
- ❖ Department of Child Services
- ❖ Department of Education, Division of Exceptional Learners
- ❖ Department of Correction
- ❖ Juvenile Judges Quality Improvement Committee
- ❖ Indiana University Center for Health Policy
- ❖ Indiana University School of Social Work
- ❖ State Department of Health
- ❖ Indiana Criminal Justice Institute
- ❖ Providers
- ❖ Stakeholders

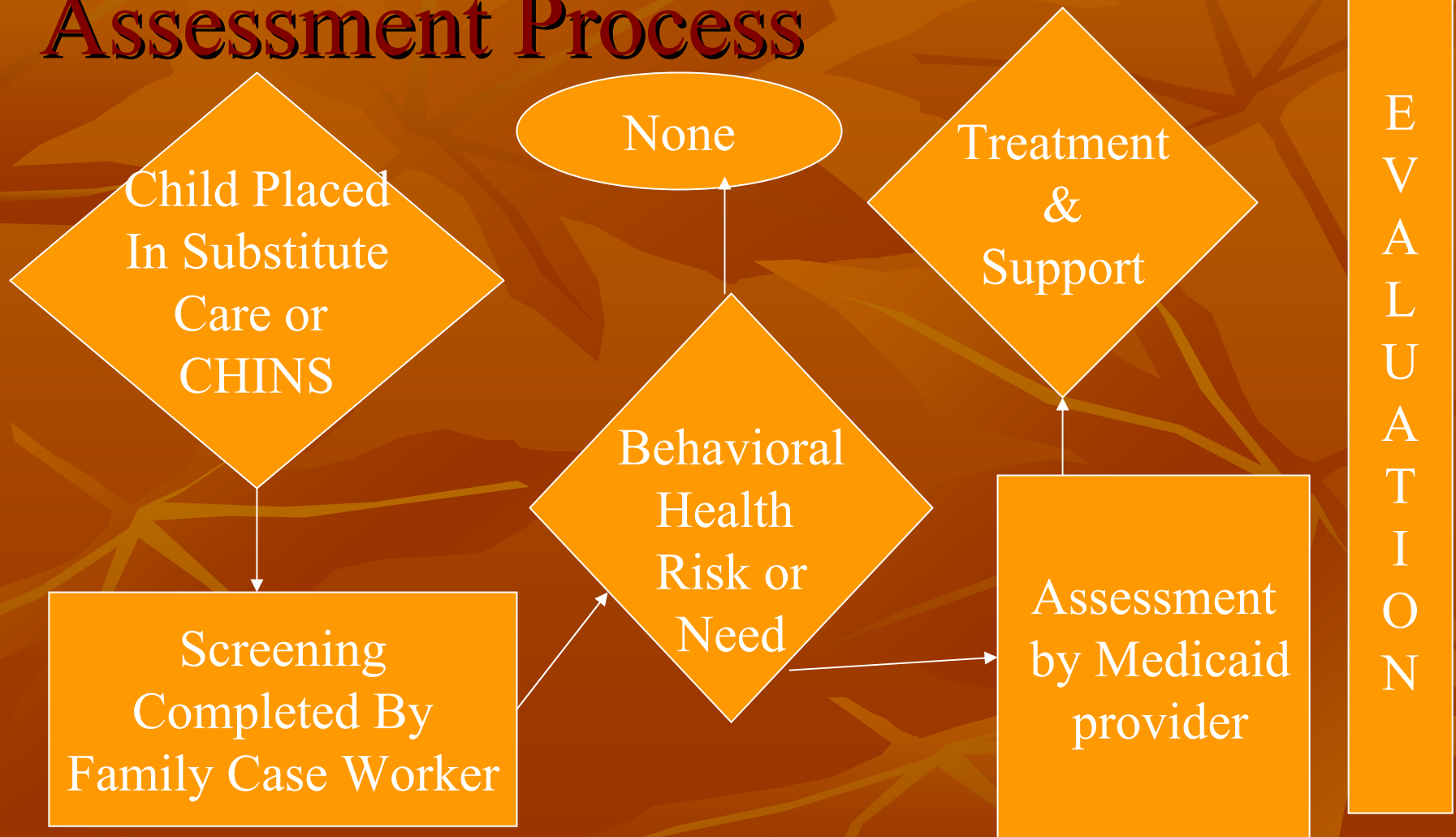
Shared Values & Principles

(Stroul, 2003)

**Across
All
Systems
Serving
Children &
Families**

- Child Centered
- Family Focused
- Strength Based
- Least Restrictive
- Monitor Outcomes
- Early Identification & Intervention
- Coordinated
- Individualized Based on Needs
- Open Access
- Health and Safety

Child Welfare Screening & Assessment Process



Implementation Strategies

- Part of PIP
- Screening tool imbedded in ICWIS
- Policy
- County Plans for screening and referral
- Mental health providers prioritizing DCS referrals
- Use of information: reports to DCS managers, Screening results & assessment results & quarterly stakeholder meetings
- External evaluation by IU
- Funding for consultation, evaluation and early childhood mental health training funded by ICJI for 3 years
- Adoption of common assessment across child service systems

EXPERIENCES

Challenges

- **Statewide implementation across child service systems**
- **Early Childhood Mental Health – Workforce**
- **Lack of consistent, meaningful assessments**
- **Limited workforce, resources**
- **Creating a culture to use information to support decisions**

Successes

- **Second national review found this to be a strength in Indiana's DCS system**
- **Early childhood training provided to DCS, foster parents and providers**
- **Development of a state social, emotional, behavioral health plan for children**
- **Adoption of common assessment**

Early Identification and Intervention Update

- **Screening activity for the last
quarter: July – Sept 2007**
- **IU Evaluation of 1 1/2 Year of
Implementation**

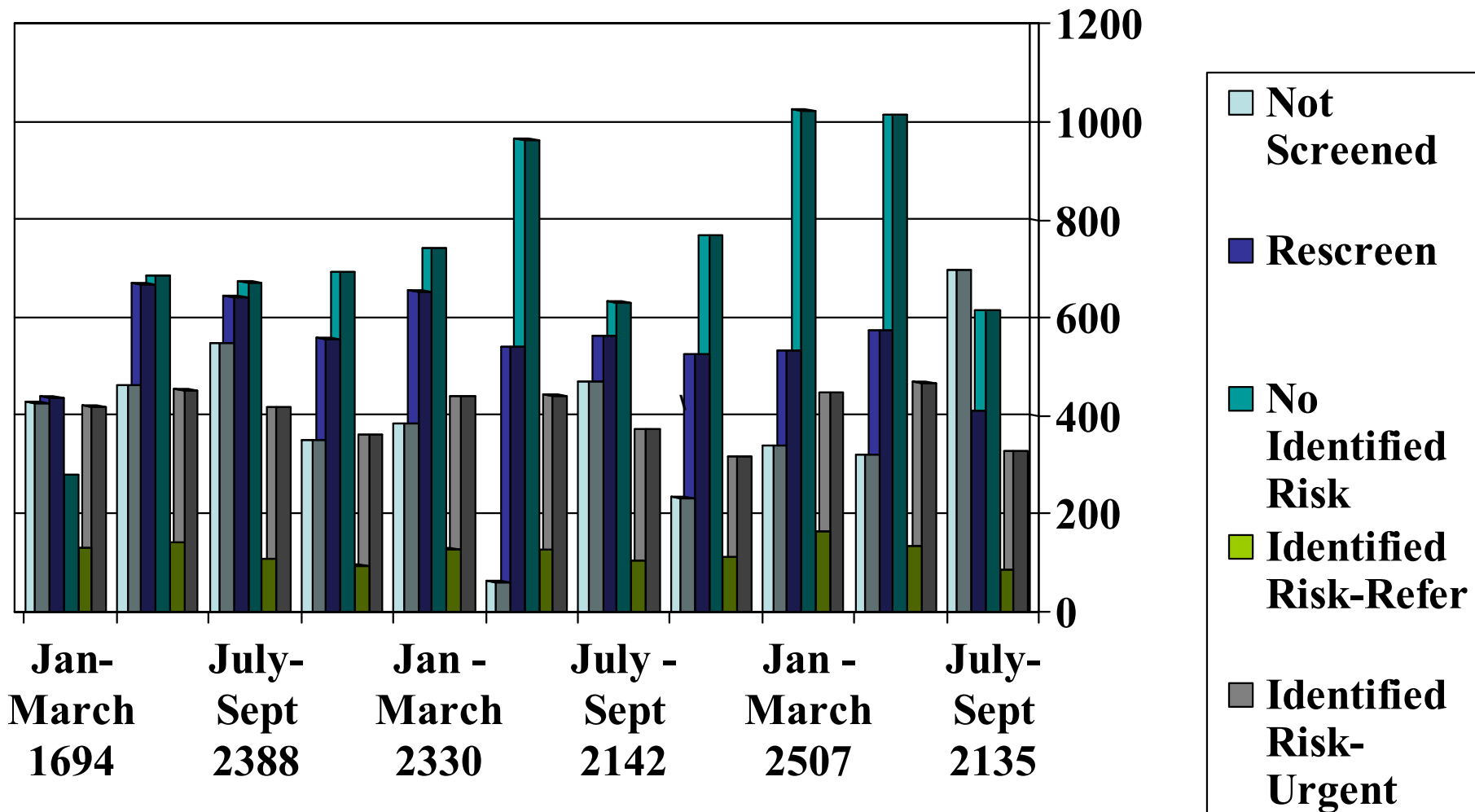
Implementation: Screening Results

July – September 2007

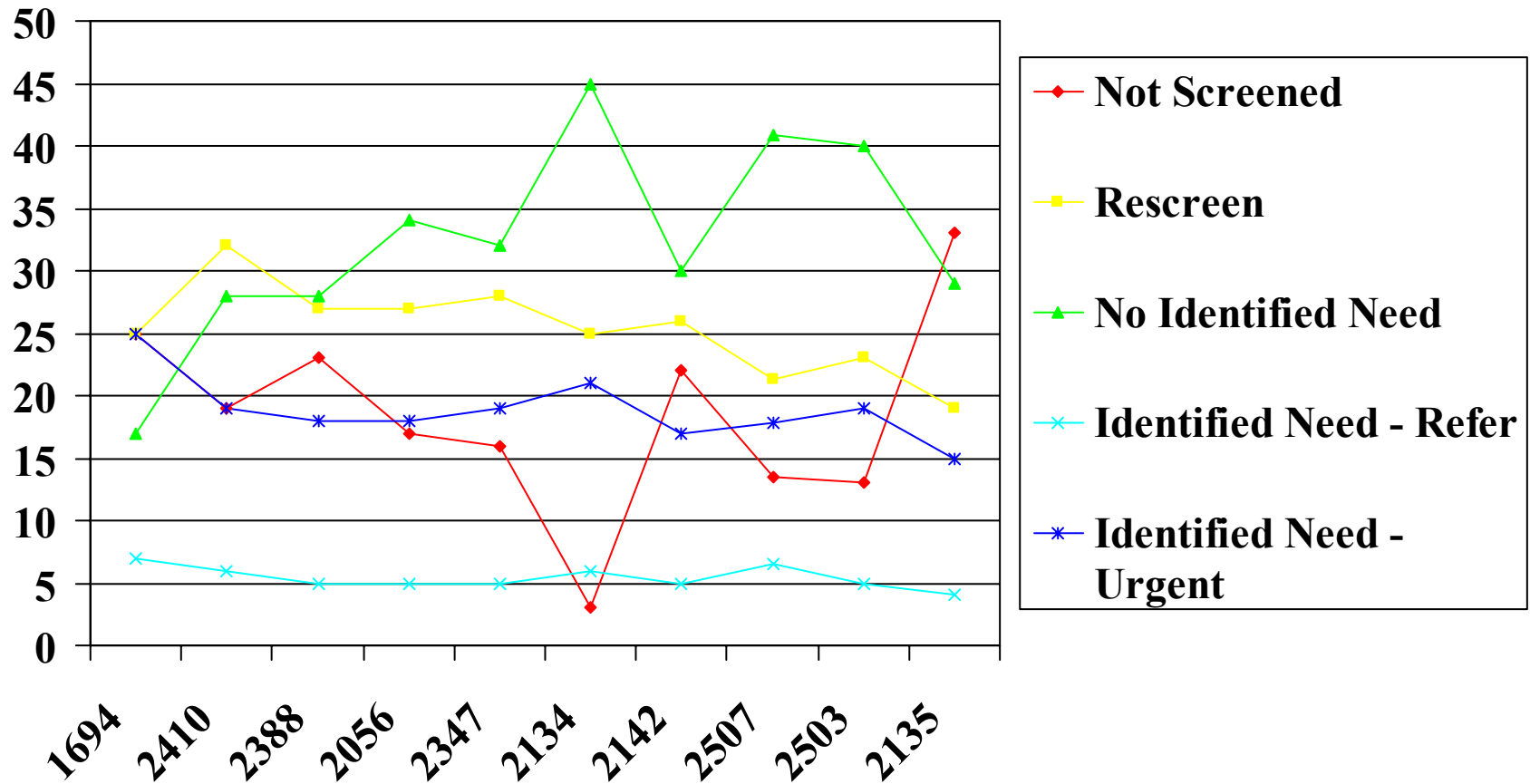
- Following slides pulled from DCS Report of Screening Results (10/10/2007)

DCS Screening Results

Jan 2005- Sept 2007



DCS – Quarterly Results, Jan 2005- Sept 2007 (% of eligible children)



DCS Screening Results

July - Sept 2007

	# of Children	%
Not Screened	697	33
Rescreen*	410	19
No Identified MH Risk	614	29
MH Risk - Refer	86	4
MH Risk- Urgent	328	15
	2135	100
*Insufficient Information		

Screening Results – Race

July - Sept 2007

	Black	Multi-racial	White	Other
Rescreen	132	19	243	16
No Risk	144	37	410	21
Risk -Refer	16	2	63	4
Risk – Urgent	45	22	249	12
Subtotals	337	80	967	53

Screening Results – Ethnicity

July - Sept 2007

	Hispanic	Not Hispanic
Rescreen	22	388
No Identified Risk	54	560
Identified Risk- Refer	7	79
Identified Risk - Urgent	26	302
Subtotals	103	1329

Screening Results – Age July - Sept 2007

	< 5	>5
Rescreen	203	207
No Identified Risk	328	286
Identified Risk- Refer	0	86
Identified Risk - Urgent	106	222
Subtotals	637	801

Conclusions:

- **As more children are screened, more children with behavioral health needs or risks are identified**
- **For the second time, during a quarter in which no monthly implementation reports were given to DCS Regional and County Managers, level of implementation dropped. (33% of children were not screened and 13% need to be rescreened.)**
- **% of children with identified MH needs dropped from average of 24% to 19%-- compared with expected 50% from national studies**
- **IU's retrospective evaluation indicates the bigger picture and significance of identifying and addressing needs**

CHILD WELFARE MENTAL HEALTH SCREENING INITIATIVE

Evaluation Progress Report

Daniel Clendenning

Eric R. Wright

Anthony H. Lawson

Steven D. Quantz



Center for Health Policy

EVALUATION OVERVIEW :

- Pre-Post Comparison of Mental Health Referrals and Treatment
- De-identified Data
 - Division of Mental Health and Addiction
 - Department of Child Services
 - Office of Medicaid Policy and Planning

EVALUATION OVERVIEW :

RESEARCH PERIODS

- Benchmark Period/Pre-screening Period
 - July 1, 2003 through June 30, 2004
- Pilot Period
 - July 1, 2004 through December 31, 2004
- Full Implementation Period
 - January 1, 2005 through December 31, 2006

CLIENT FLOW

	Number of DCS Referrals	Number (%) of Children with a Previous CHINS	Number (%) of Children with a Previous Removal
Benchmark Period (July 1, 2003-June 30, 2004)	2,813	493 (17.5%)	443 (15.7%)
Full Implementation Period (January 1, 2005-June 30, 2006)	11,997	1,949 (16.2%)	1,844 (15.4%)

CLIENT FLOW ANALYSIS

	Total Number of CHINS/Removals	Number (%) of Children Screened for Mental Health/Addiction Needs	Number (%) of Children with an Identified Risk	Number (%) of Children receiving Mental Health/Addiction treatment ¹	Number (%) of Children receiving assessment
Benchmark Period	2,813	N/A	N/A	319 (11.3%)	264 (9.4%)
Full Implementation Period	11,997	8,471 (70.6%)	2,888 (34.1%)	1,410 ² (11.8%)	1,124 (9.4%)

¹ Only includes children who received services within 60 days of their current CHINS or removal and had never received services prior as indicated in data provided by DMHA and OMPP.

² Children included in the full implementation period may not have had an opportunity to receive services within the 60 day time frame. As a result, this number is biased downwards.

MENTAL HEALTH TREATMENT

	Number (%) of children receiving MH services within 3 months of contact ¹	Number (%) of children receiving services within 6 months of contact ¹	Number (%) of children receiving services within 12 or more months of contact ¹	Average cost of DCS services per child (compared to all children) ²
Benchmark Period	697 (24.8%)	863 (30.7%)	1024 (36.4%)	\$2017 (\$1943)
Full Implementation Period	3471 (28.9%)	3967 (33.1%)	4269 (35.6%)	\$3395 (\$2789)
Full Implementation: Children With Identified Risk	1379 (47.7%)	1497 (51.8%)	1556 (53.9%)	\$7993

¹ Numbers and percentages include children who had received services prior to their current CHINS or removal.

² Cost data provided by OMPP.

RECIDIVISM

	Benchmark	Full Implementation
Age	↑	↑
Race	NS	NS
Female	NS	NS
Receiving Mental Health Services (from OMPP)	↓	↓
Risk Identified		↑

PLACEMENT STABILITY

	Benchmark	Full Implementation
Age	↓	↓
Race	NS	NS
Female	NS	NS
Receiving Mental Health Services (from OMPP)	↑	↑
Risk Identified		↑

RENDERED SERVICES PER QUARTER – MEDICAID

	Benchmark (4 Quarters)		Full Implementation (8 Quarters)		Percent Change	
Service Category	Service Hours Provided	Number of Recipients	Service Hours Provided	Number of Recipients	Percent Change (Hours)	Percent Change (# Recipients)
Assessment	1750	969	2232	1452	28%	50%
Case Management	4230	195	4146	333	-2%	71%
Crisis Management	696	292	1271	524	82%	80%
Day Treatment Service	10017	40	17436	59	74%	47%
Family Support	2495	220	1644	275	-34%	25%
Group Therapy	803	56	618	64	-23%	16%
Individual Counseling and Psychotherapy	6025	546	5174	754	-14%	38%
Medication Service	2394	1026	2267	1373	-5%	34%
Other Medical Service	61	62	75	74	23%	18%
Skills Training/Skills Maintenance	3725	169	2544	249	-32%	48%
Visit -- 24-Hour Facility	478	264	787	411	65%	56%

NUMBER OF SERVICE HOURS PER CHILD BY RISK, PER QUARTER

	Benchmark (N=2,816)	Full Implementation (N=10,588)	
	All	No Risk Identified (N=7,966)	Risk Identified (N=2,622)
Assessment	1.81	1.48	1.65
Case Management	21.75	11.32	13.97
Crisis Services	2.39	2.40	2.47
Day Treatment Service	250.43	283.22	312.70
Family Support	11.34	5.86	6.13
Group Therapy	14.46	8.03	11.39
Individual Counseling / Psychotherapy	11.03	6.39	7.52
Medication Service	2.33	1.40	2.10
Other Medical Service	0.98	1.00	1.04
Skills Training/Skills Maintenance	22.08	10.06	10.42
Visit -- 24-Hour Facility	1.81	1.98	1.83

Clusters

	Hierarchical Cluster		K-means Cluster	
Service Category	N = 3,392	N = 2,792	N = 3,395	N = 2,789
	Low Usage	High Usage	Low Usage	High Usage
1. Assessment	0.78	0.98	0.80	0.96
2. Case Management	0.13	0.79	0.11	0.82
3. Crisis Services	0.33	0.57	0.39	0.49
4. Day Treatment Service	0.00	0.16	0.01	0.16
5. Family Support	0.14	0.46	0.03	0.59
6. Group Therapy	0.00	0.18	0.01	0.16
8. Individual Counseling/Psychotherapy	0.28	0.84	0.20	0.95
12. Medication Service	0.62	0.96	0.70	0.86
13. Other Medical Service	0.01	0.13	0.05	0.09
19. Skills Training/Skills Maintenance	0.10	0.38	0.07	0.41
25. Visit -- 24-Hour Facility	0.11	0.25	0.15	0.20

High Service Usage Cluster Membership

	Full Implementation
Age	↑
Race	↓
Female	NS
Receiving Mental Health Services (from DMHA or OMPP)	↑
Risk Identified	↑

CONCLUSIONS

- The screening initiative is getting more children into behavioral health treatment sooner and expanding access to mental health treatment for children with an identified need.
- Treatment dollars and Medicaid services are more concentrated on youth with an identified risk.
- Youth can be clustered into high and low usage clusters. Predictors include age, race, sex, previous Medicaid services, and being screened as a risk.

Discussion

Implications?

- Use information to help make direct care, management and policy decisions
- Dependent variables in IU study [re-abuse and disrupted placements] are part of DCS outcome measures

Next Steps?

- Post Quarterly Reports on FSSA/DMHA website (Link from DCS website)
- Possible revision of IU Evaluation
- Cross System Team to meet in Jan or Feb to review next Quarterly Report

For additional information contact:

- Kevin Moore, kbmoore@coa.doc.state.in.us
- Judith Ganser, jganser@isdh.in.gov
- Brenda Hamilton, Indianafedfam@insightbb.com
- Daniel Clendenning, clendend@iupui.edu
- Cheryl.Shearer@fssa.in.gov
- Sandi.Sleppy@dcs.in.gov
- Betty.Walton@fssa.in.gov
- Eric Wright , ewright@iupui.edu
- Celia.Leaird@dcs.in.gov
- Stephanie.Yoder@dcs.in.gov
- Kathleen.Rusher@co.allen.in.us